

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Ground Branch Director**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item

Date Completed

Qualified General Emergency Services

Qualified Ground Team Leader (need not be current)

The above listed member has completed the required prerequisite training for the ground branch director specialty.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task

Evaluator's CAPID and  
Date Completed

Complete NIIMS G193 or equivalent

Demonstrate knowledge of the Ground Branch Director's  
responsibilities

The above listed member has completed the required familiarization and preparatory training requirements for the ground branch director specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Advanced Training**Evaluator's CAPID and  
Date Completed

Task

Complete Task O-4050 Demonstrate ability to coordinate with the Air operations branch

Complete Task O-4051 Demonstrate the ability to prepare ground team briefing packets

Complete Task O-4052 Demonstrate ability to establish briefing areas for teams

Complete Task O-4054 Demonstrate ability to complete a CAPF 109

Complete Task O-4056 Demonstrate ability to brief teams for missions

Complete Task O-4057 Demonstrate ability to verify that teams are properly equipped

Complete Task O-4058 Demonstrate ability to monitor ground operations

Complete Task O-4077 Demonstrate the ability to verify ground teams are properly equipped.

Complete Task O-4062 Demonstrate ability to process a clue

Complete Task O-4063 Demonstrate ability to locate or process an overdue ground team or aircrew

Complete Task P-0101 Demonstrate the ability to keep a log

Complete Basic Communications User Training

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations***Exercise Participation**

The above listed member satisfactorily participated as a ground branch director trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as a ground branch director trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE\_\_\_\_\_  
DATE**Unit Certification and Recommendation**

The above listed member has completed the requirements for the ground branch director specialty qualification and is authorized to serve in that specialty on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE\_\_\_\_\_  
DATE